

**Midwives' Knowledge of Perinatal Depression and
Their Role in Supporting Pregnant and Postnatal
Women Experiencing Depression:
An Appreciative Inquiry**

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A thesis submitted in accordance with the requirements for admission to
the degree of

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CERTIFICATE OF ORIGINAL AUTHORSHIP

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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I had always had in my mind that when I retired from full time employment (as Coordinator of the ACE Service, a service which supported women with perinatal depression) that I would do my master's degree in midwifery, but the presenting question was where to start. How could I make known to the wider world what a wonderful service the ACE Service had been? While talking with my midwifery colleagues it was suggested that I contact Maralyn Foureur at University of Technology of Sydney (UTS) with whom I had worked with many years ago, and so started my journey as a research student.

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ABSTRACT

Background and Aim: Perinatal depression (PND) affects around 20% of childbearing women with significant impacts on ongoing maternal mental health and developmental consequences for their infants. This research aimed to make visible the confidence, knowledge and skills of midwives in identifying and supporting women with PND through the lens of Appreciative Inquiry (AI). Appreciative Inquiry was chosen as the most appropriate approach for this research as AI starts from a positive perspective, identifying what is working well rather than what is wrong or not working well.

Methods: The study used an exploratory, qualitative design with in-depth, semi-structured interviews. Twelve midwives from three hospitals in one local health district in New South Wales consented to participate. Three phases of the AI 4D cycle (Discovery, Dream and Design) were used to frame the interviews and orient thematic analysis of the transcribed interview data. Due to limitations of the exploratory study design, the Destiny Phase was not completed.

Findings: Analysis of the AI Discovery phase revealed five themes: *personal motivation, models of care, clinical practice, education of midwives and education of women*. It was evident that participants were personally highly motivated to work with women with mental health issues and were empathic, non-judgmental and avoided stigmatizing women.

In the Dreaming phase, which asks midwives to respond to the 'miracle' question, four themes were identified: *mother-baby PND services, continuity of midwifery care, community-based care, midwives to be valued and supported*. Midwives dreamed of additional resources to be provided for women in the local area such as an inpatient mother-baby unit facilitating women with PND making it possible for mothers and babies to stay together. Midwives considered continuity of care as meeting women's needs appropriately as this model of care facilitated more time to spend with women. Services based in the community were viewed by midwives as ideal. They dreamed of a system that respected midwives for their valuable contribution to women's mental and physical health.

In the Design phase where participants were asked to think about what aspects of their dreams could be realized, two themes emerged: *supporting midwives* as valued providers of care for women with PND and *promoting continuity of care* since this evidence-based model is best for

women and families and allows for a seamless transition to community-based services. A synthesis of the themes occurred in a Taxonomy of Skills and Attributes identified in the literature that was also evidenced throughout the participant interviews.

Conclusion: The midwives in this study demonstrated that they were highly skilled in caring for women with PND and made recommendations for changes in clinical practice to facilitate and recognize the important contribution they can make.

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